



Family Tree Private School

THE SCHOOLHOUSE OF THE 21ST CENTURY

COMMUNITY SCHOOL VOLUNTEER SERVICE APPLICATION FORM

Parent and Student,

Complete Parts A and B before your student begins Community Service. Submit this to the agency for which you volunteer at the start of your student's service. Upon completion of Community Service, the agency is to return this form to you, then it is to be submitted to the school.

Part A To be completed by the student volunteer. (Please print neatly)

Name: _____

Address: _____

Phone: _____ Date of Birth: _____

Grade Level : _____

Contract

I agree and understand that I must:

- A. identify a community need in a specific area;
- B. outline my options for meeting this need;
- C. outline my plan for meeting this need;
- D. submit the development and implementation of my plan (a summary of action and experiences);
- E. provide verification of a minimum of 75 hours of quality community service that addresses the identified need and
- F. prepare a reflective paper (min. 300 words) on my volunteer experience, including successes, areas for improvement, an evaluation of the effectiveness of my personal contribution to this program, and any details that apply to this course.

I agree to perform the duties and fulfill the time commitments as mutually agreed upon by me and the volunteer agency with which I will work to the best of my abilities.

I agree to attend any required training sessions and to provide adequate notice to my agency supervisor if I am unable to meet my time commitments.

I agree to adhere to all rules and abide by the procedures of the agency for which I will provide voluntary service.

Student Signature: _____ Date: _____

Part B To be completed by parent/guardian. (Please type or print.)

I give my permission for _____ to serve as a volunteer for the above agency/project. I understand that he/she will be making a valuable and needed contribution to our community.

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I also understand that he/she will not receive monetary compensation for his/her services.

Signature of Parent/Guardian: _____ Date: _____

TO AGENCY: PLEASE RETURN THIS FORM TO THE STUDENT OR PARENT UPON COMPLETION OF COMMUNITY SERVICE HOURS.

Part C To be completed by agency Volunteer Coordinator/Director or individual supervising the student volunteer. (Please print neatly)

Name of Agency/Project: _____

Address: _____

Phone: _____ Operating Hours: _____

Contact Person: _____ (verifies hours and quality)

Title/Position: _____

Primary assignment: Days/Hrs. scheduled for Volunteer: _____

Brief description of Volunteer's job: _____

FOR ANY ADDITIONAL ASSIGNMENTS FOR THIS AGENCY OR PROJECT:

Days/Hrs. scheduled for Volunteer: _____

Brief description of Volunteer's job: _____

TOTAL OF COMMUNITY SERVICE VOLUNTEER HOURS TO AWARD: _____

Contact Person's Signature: _____ Date: _____

PARENTS, SUBMIT TO THIS FORM TO THE SCHOOL AT THE COMPLETION OF COMMUNITY SERVICE:

Part D Project Approval (For school staff only)

Signature of School Administrator: _____ Date: _____